

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

OCEAN CHAMPIONS VOTER FUND

(b) Address (number and street) ☐ check if different than previously reported

202 SAN JOSE AVENUE

(c) City, State and ZIP Code

CAPITOLA

CA

95010

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30000368**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0**(b) Communication Title** SAY WHAT?**6. The filer is a(n):** (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☒No ☐**8. Custodian of Records**

(a) Name

DAVID WILMOT

(b) Address (number and street)

202 SAN JOSE AVENUE

(c) City, State and ZIP Code

CAPITOLA

CA

95010

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

150000.00

10.Total Disbursements/Obligations This Statement

49867.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

MIKE DUNMYER

SIGNATURE Electronically Filed by MIKE DUNMYER

DATE 10/06/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

PAGE 2 / 4

11. Person(s) Sharing/Exercising Control

A.	(a) Name DAVID WILMOT	Transaction ID : F91.000001
	(b) Address (number and street) 202 SAN JOSE AVENUE	
	(c) City, State and Zip Code CAPITOLA CA 95010	
	(d) Name of Employer or Principal Place of Business OCEAN CHAMPIONS	(e) Occupation PRESIDENT
B.	(a) Name MIKE DUNMYER	Transaction ID : F91.000002
	(b) Address (number and street) 140 LITTLE FALLS STREET #212	
	(c) City, State and Zip Code FALLS CHURCH VA 22046	
	(d) Name of Employer or Principal Place of Business OCEAN CHAMPIONS	(e) Occupation EXECUTIVE DIRECTOR
C.	(a) Name KIM HADDOW	Transaction ID : F91.000003
	(b) Address (number and street) 7700 SYCAMORE STREET	
	(c) City, State and Zip Code NEW ORLEANS LA 70118	
	(d) Name of Employer or Principal Place of Business SELF-EMPLOYED	(e) Occupation CONSULTANT

A. Full Name of Donor

ANNE EARHART

Mailing Address of Donor

105 CRESCENT BAY DRIVE #M

City

State

Zip

LAGUNA BEACH

CA

92651

Date of Receipt

M M
0 4

D D
3 0

Y Y Y Y
2 0 1 0

Amount

150000.00

Transaction ID : F92.000001

SUBTOTAL of Donations This Page (optional).....

150000.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

150000.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee WATERFRONT STRATEGIES				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0</div> </div>			
Mailing Address of Payee 101 WISCONSIN AVENUE NW #800				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">49867.00</div>			
City WASHINGTON		State DC		Zip Code 20007		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0</div> </div>	
Name of Employer 				Occupation 			
Purpose of Disbursement (including title(s) of communication(s)) MEDIA-SAY WHAT?							
Name of Federal Candidate ANDREW P HARRIS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: MD District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000002		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)

49867.00

TOTAL This Period (last page this line number only)
 (carry total from last page to line 10)

49867.00